

**HUMAN RIGHTS BUREAU
EMPLOYMENT RELATIONS DIVISION
DEPARTMENT OF LABOR AND INDUSTRY
P.O. BOX 1728, HELENA MT 59624-1728
(800) 542-0807 or (406) 444-2884**

Standard Release Form

I hereby authorize anyone possessing medical, personnel, educational, or any other information necessary for a full investigation of my human rights complaint to furnish such information to the Human Rights Bureau, P.O. Box 1728, Helena, MT 59624-1728.

I hereby release anyone so authorized and the Human Rights Bureau from all liability for any damages whatsoever in furnishing and obtaining said information. Any and all applicable information released to the Human Rights Bureau shall be used for the purpose of investigating my complaint.

This release shall remain in full effect for a period of 180 days from the date received by the Human Rights Bureau.

Signature of Charging Party

Printed Name of Charging Party

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__

Notary Public for the State of Montana

Residing at _____

My Commission expires _____